

SURRATT MEMORIAL WINTER SURVIVAL CLINIC JANUARY 19, 20 & 21, 2007

The Montana Aeronautics Division, Montana Department of Transportation invites you to attend the Surratt Memorial Winter Survival Clinic to be held in Helena at the National Guard Armory and at a field location for the outdoor overnight session.

The course will be taught by acclaimed survival experts Skip Stoffel and Paul Green of Emergency Response International, Cashmere, Washington.

Registration will begin at 3:30 P.M. on January 19, and the Clinic will kick off at 4:00 P.M. in the National Guard Armory, 3330 Skyway Drive, Room 116 in Helena with classroom instruction. Classroom teaching will resume on Saturday morning at 8:00 A.M. with an equipment check and then to the field session.

The outdoor survival training exercise will begin at 1:00 P.M. on Saturday afternoon and continue until Sunday at noon.

The classroom training sessions are open to anyone interested, however, due to limited group size requirements, a maximum of 30 applicants will be selected to participate in the outdoor overnight session. Applicants will be selected on a first-come, first-served basis.

The clinic is sponsored by the Montana Aeronautics Division, MDT and partially funded by the Surratt Memorial. There will be a \$10.00 registration fee for participants attending the entire clinic. For those attending only the classroom session there will be a \$5.00 registration fee. A block of rooms has been reserved at the Wingate Inn, 2007 N. Oakes, Helena, MT, (406) 449-3000 or 800-228-1000 at state rate for Friday night, reference Montana Aeronautics Division when making reservations.

Please mail your application today and be sure to indicate if you want to attend both the classroom and outdoor sessions. If you are selected for the outdoor training, we will furnish you with a medical form and equipment list.

RETURN TO: MONTANA AERONAUTICS DIVISION
P.O. BOX 200507
HELENA MT 59620-0507



____ YES, I plan to attend the classroom sessions only.

____ YES, I want to attend both the classroom sessions and the outdoor/overnight session.

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE (WORK & HOME) _____

AFFILIATION: GA PILOT _____ NATIONAL GUARD _____ CAP _____ OTHER _____

IF OTHER, PLEASE INDICATE _____